



Completing a Law Enforcement Registration for INSPECT

1. Complete the Law Enforcement Re-Authentication Form with your personal information. ****Every** field on the form is required. If any part is left blank, your registration will not be processed.
2. Have your form notarized when you sign it. (Notaries are available at every bank.)
3. Complete the Letter of Intent on your agency letterhead with a supervisory signature. (Sample Letter of Intent is below)
4. Mail both the notarized form and letter of intent to the INSPECT program at:
402 W. Washington Street Room W072, Indianapolis IN 46204
5. Upon receipt of both documents in our office we will register you with the program and you will receive login information at the email address provided on your re-authentication form. You can login to the INSPECT PMP Portal by going to our general information page at www.in.gov/inspect and clicking "Login or Register".

Prescription Monitoring Programs for our surrounding states can be found here:

Ohio: <http://www.ohiopmp.gov/Default/Default.aspx>

Kentucky: <http://www.chfs.ky.gov/os/oig/KASPER.htm>

Illinois: <https://www.ilpmp.org/>

Michigan: http://www.michigan.gov/mdch/0,1607,7-132-2941_4871---,00.html

Please contact inspect@pla.in.gov with any questions.

Please visit www.in.gov/inspect for regular program updates and information.



Sesame County Sheriff's Department (Your Agency Letterhead)

10000 Sesame Street
Anytown, AnyState 00000
Administration 000-111-2222
Emergency 000-222-1111

TODAY'S DATE

I, _____ (Supervisor Name), do hereby attest that I am actively employed with _____ (Branch of Office) as the _____ (Position Title/Occupation), exercising supervisory authority over the below signed requestor for access to the Indiana Prescription Monitoring Program (INSPECT).

I verify that _____ (Requestor Name), is actively employed with the _____ (Branch of Office) as a _____ (Position Title/Occupation) and that access to INSPECT is pertinent to his/her law enforcement duties, as it relates to researching and/or the prosecution of current investigations that involves controlled substances.

I hereby authorize this law enforcement requestor to have access to INSPECT.

SUPERVISOR NAME

Date

REQUESTOR NAME

Date